

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 09/890 739	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	/					51				
2		/				52				
3		/				53				
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45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	/					TOTAL IND.				
TOTAL DEP.	/					TOTAL DEP.				
TOTAL CLAIMS	11					TOTAL CLAIMS				